

IFW

AMENDMENT TRANSMITTAL

Docket No. G0003/7284

Applicant:

Simpson et al.

Serial No:

10/643,217

Filed:

August 14, 2003

For:

MOLDED PLASTIC CONTAINER

Examiner:

Sue A. Weaver

Art Unit:

3727

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith for filing is the following:

Enclosures

| Amendme | ent |
|---------|-----|
| Amename | r |

Petition for a 1 month Extension of Time

Return Receipt Postcard

Other:

Small Entity

Applicant/assignee claims small entity status.

Small entity status is no longer claimed.

Fees

| Fees | | Claime as | Filed | | | |
|---------------------------------------------------------------|-----------------|-------------------------------|------------------------|------------|------------------------|--|
| Claims as Filed | | | | | | |
| | Claims Filed | Highest Number Paid for | Number of Extra Claims | Rate | Additional Fees Due | |
| Total Claims (37 CFR §1.16(c)) | 14 | - 20 = | 0 X | \$50.00 = | \$ 0.00 | |
| Independent Claims (37 CFR §1.16(b)) | 3 | -4 = | 0 X | \$200.00 = | \$ 0.00 | |
| Extension Fee | | | | | \$ 120.00 | |
| Reduction by 50% for filing by small entity Total Filing Fee | | | | | \$ 0.00 | |
| | | | | | \$ 120.00 | |

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|-------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|----------|-------------------|
| | Check in the amount of the total filing fee. Charge Account No. 02-3038 in the amount ransmittal sheet is attached. | nt of the total filin | g fee. A | duplicate of this |
| Autho | rization to Charge Additional Fees | | | |
| \boxtimes | The Commissioner is hereby authorized to §1.16 and §1.17 required by the attached application to Account No. 02-3038. | | | |
| 0 | Thursd Herdin | | _Date: | Feb 10, 2006 |
| Theres | se A. Hendricks, Esq., Reg. No. 30,389 | | | , |
| KUDIF | RKA & JOBSE, LLP | | | |
| Custor | mer Number 21127 | | | |
| Tal. (6 | 17) 367, 4600 Eav. (617) 367, 4656 | | | |